

**PETITION FOR EXTENSION OF TIME UNDER 37 CFR
1.136(a)**

 Attorney Docket No.:
59046.000042

In re Application Of Yaron Ilan et al.
 Application Number 10/733,489
 Filed December 10, 2003
 For REGULATION OF IMMUNE RESPONSES BY MANIPULATION OF INTERMEDIARY METABOLITE LEVELS
 Group Art Unit 1648
 Examiner Emily M. Le

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above-identified application.

The requested extension and appropriate fee is as follows:

	Large Entity	Small Entity	Amount
<input type="checkbox"/> One Month	\$ 120.00	\$ 60.00	\$
<input type="checkbox"/> Two Month	\$ 450.00	\$ 225.00	\$
<input checked="" type="checkbox"/> Three Month	\$1020.00	\$ 510.00	\$510.00
<input type="checkbox"/> Four Month	\$1590.00	\$ 795.00	\$
<input type="checkbox"/> Five Month	\$2160.00	\$1080.00	\$

☒ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. **50-0206**. A duplicate of this sheet is attached.

I am the ☐ applicant/inventor.
☐ assignee of record of the entire interest. See 37 CFR 3.71
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96);
☒ attorney or agent of record.
☐ attorney or agent under 37 CFR 1.34(a).
 Registration number if acting under 37 CFR 1.34(a). _____

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

05/29/07 (first business day after holiday)

 Date

Kellie L. Carden

 Signature

Kellie L. Carden

 Typed or Printed Name

52,696

 Registration Number (if applicable)

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of _____ form(s) is/are submitted.